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(37 CFR 1.16(a)) (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter *0* in column 2. BEST AVAILABLE (CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ⋖ PRESENT NUMBER REMAINING AMENDMENT PREVIOUSLY PAID FOR AFTER EXTRA AMENDMENT Total (3) CFR 1,16(c)) 32 2 Minus Independent (37 CFR 1.16(b)) Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER EXTRA AFTER PREVIOUSLY ENDMENT AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) Independent (37 CFR 1,16(b)) Minus

BASIC FEE

U	nder the Paperwo	rk Reduction Act	of 1995, no	persons are requ	dred to respond	to a collection of Is	nformation unte	sa it displa	ys a valid OMB	control number.
PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875						N RECORD	RECORD Application or Docket Number			
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						SMALL ENTITY		OR		R THAN ENTITY
FOR		NUM8	NUMBER FILED		ER EXTRA	RATE	FEE	,	RATE	FEE
ASIC FEE 37 CFR 1.16(a))			•				s	OR		s
OTAL CLAIMS 37 CFR 1.16(c))			minus 20	, ,		x \$•		OR	x s	
NDEPENDENT CLAIMS 37 CFR 1.16(b))		иѕ	minus 3 =			x1		OR	x \$=	
(U	LTIPLE DEPENDE	NT CLAIM PRESE	NT (37 CFR 1.16(d))		+:•		OR	+5	
If I	lhe difference in c	TOTAL		· OR	TOTAL					
CLAIMS AS AMENDED - PART II										
e thru		(Column 1)	iotumn 1) ((Column 3)	SMALL ENTITY		OR		R THAN ENTITY
۰ ۷ ۲	10-2004	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	3128	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ĭ	Total (3) CFR 1.16(c))	.32	Minus	32	5	x s		OR	x s) •	
FNOMEN	Independent (37 CFR 1.16(b))	. 3	Minus	"3	• /	x s	/	OR	x \$ _ •	
FIRST PRESENTATION OF MU			£ DEPEND	ENT CLAM (37 CI	R 1.16(d))	+5		OR	+5 .	
_						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	,
		(Column 1)		(Column 2)	(Column 3)	ACCTEC) (1)	ADDEFEE	·
מ	3/30/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z Z	Total (37 CFR 1.16(c))	33	Minus	" 3		x s	111	OR	x s=	,,,,,
2	Independent (37 CFR 1.16(b))	. 2	Minus	D	- /	x \$ =	1	OR	x s =	
Ž		ATION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1,16(d))	+ 5		OR		
						TOTAL ADD'L PEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)		,	J J	,200.00	
)		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	`\	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	•	'x \$*		ÓR	x s	-
	Independent (37 CFR 1,16(b))	•	Minus	•••	2	x \$=		OR	x \$=	
- 1										

OR

OR

TOTAL

ADD'L FEE

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

AMENDMENT

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Tins collection of information is recurred by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 intributes to Chipmen, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T.G. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".